

*Presented to the College of Surgeons
from D. Allchin*

SCHEME

FOR

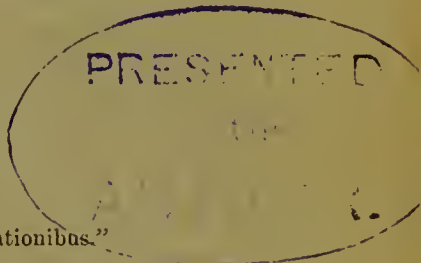
CASE REPORTING.



ARRANGED BY

W. H. ALLCHIN, M.B., F.R.C.P.,

PHYSICIAN TO THE WESTMINSTER HOSPITAL;
JOINT LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AND ON CLINICAL
MEDICINE IN THE WESTMINSTER HOSPITAL MEDICAL SCHOOL.



"Ars medica est tota in observationibus."

BAGLIVI.

LONDON

H. K. LEWIS, 136, GOWER STREET, W.C.

1887.

Price One Shilling nett.

CONTENTS.

	PAGE
Introduction	3
Family History	9
Personal History	10
Present Illness	12
Present State.....	12
Subjective Symptoms } General Condition	{ 12
Objective Signs	{ 13
Detailed Physical Examination.....	19
Thorax.....	19
Circulatory System	20
Respiratory System	23
Abdomen.....	27
Digestive System	31
Urinary System.....	34
Generative System	36
Cerebro-spinal Regions	39
Neuro-muscular System	40
Mental State	40
Motility.....	42
Special Acts	46
Sensation.....	47
Special Sensibility	48
Special Points in the Examination of Infants and Children ...	52
Diagnosis. Prognosis. Treatment. Progress. Result	54

INTRODUCTION.

THE following is intended as a detailed scheme for recording in orderly sequence the signs and symptoms which have been ascertained by the direct questioning or observation of a patient or of one claiming to be healthy. It will consist, therefore, not of a list of diseases to which the body is liable, but of those data upon the recognition and proper estimation of which the diagnosis is made.

Such a plan must at once appear to be extremely formal, and to give ground for the objection urged by some against the insistence of a too detailed scheme as being artificially precise, and failing to take account of the numerous exceptions in dealing with which the student requires help. Doubtless the objection would be valid if the student were to become a slave of the scheme, instead of recognising that it is but a means for his obtaining the information he desires. Without a guide of some kind every case becomes an exception, and in the labyrinth of isolated cases the student loses his way, and lapses into a vague and loose habit of thought and expression most dangerous to the efficiency of a practical physician. Here and there perhaps a student's previous training or natural disposition unfits him to accept with advantage a cut and dried scheme prepared for him, and yet may succeed in a path of his own choosing. But such are exceptions: in dealing with the majority it is better to counsel the acceptance of a plan as complete and precise as it may be made, each reserving to himself the right to modify it in his own way as future experience may suggest. There will be time enough to investigate exceptions when a knowledge is acquired of the general course of disease.

It may reasonably be asked whether such a plan as the following is needful to be followed on all occasions. Surely it may be said that there are many cases of disease, the nature of which may be arrived at without so elaborate an inquiry as is here set forth. To this it may be replied that no doubt so far as being able to give a name to many cases of illness that present themselves, a few questions and a very partial examination may suffice; but there is something else needful.

The investigation of every sick person offers the opportunity of adding to our knowledge of the causation, the pathology, and the symptomatology of the disease in question; and by proceeding carefully and orderly, according to a definite plan, new features and facts come to be accumulated, and so far contribute to the natural history of the malady. It is not sufficient merely to detect the evidences of disease in any given case, their complement, the co-existing healthy signs and symptoms are equally deserving of recognition; and hence many a point, the significance of which is in no way apparent at first, becomes full of meaning in relation to other symptoms when noticed repeatedly. The more perfect the record of a case on every point, the more valuable does it become as a contribution to the accurate completion of the typical standard, and to determining the pathological alliance with other states. Since a diagnosis is a judgment based on the evidence supplied by the patient, it cannot reasonably be objected that the evidence may be too complete, but, on the contrary, it is one of the most effective safeguards against a too hasty opinion. The advantage of cultivating a plan of systematic observation cannot be overestimated; and the frequent repetition of thorough going procedure engenders a habit that is often subsequently of the greatest use, especially on such occasions as the examination of presumably healthy subjects for life assurance, for the services, and the like, when a haphazard investigation, without order or system, is likely to lead to many important points being overlooked; whilst the same course carried into private practice renders coherent and available for comparison observations otherwise apt to be scattered and ill assorted.

The increasing interest that is being shown* in the acquisition of those facts by which the life-value, as it may fitly be termed, of the healthy individual is estimated, may reasonably be expected to furnish in time that great desideratum—some approximate standard of the normal, to which every case may be compared. But such a gain requires in return every assistance from those who have the opportunity to contribute it, and hence exists another reason for the thorough and complete investigation and recording of every case whether of health or disease.

The data on which the diagnosis is based readily fall into two great groups. On the one side, is the information only to be obtained from the patient or his friends by direct questioning, it being, except by the rarest accident, wholly outside the personal knowledge of the inquirer. On the other hand, is the actual detection of the patient's condition by the signs and symptoms he presents to the observer.

* *E. g.* by the Anthropometric Committee of the British Association and the Collective Investigation Committee of the British Medical Association, the nomenclature of which is adopted in the Scheme.

Clearly the value of these two classes of data is most variable. The patient may give a most incomplete and unsatisfactory account, from having forgotten, from ignorance, and even from wilful deception; or a want of sufficient skill in questioning may in part account for the deficient result. But for the failure to obtain a complete and perfect account of the various points in which the sick man departs from health, the observer is himself responsible. The responsibility is of course in great part lessened by the fact that our knowledge is not complete even of the healthy standard to which an attempt is made to refer the conditions of the patient; and, moreover, our means of observation, excellent as they are, are still very far from being perfect. But even when this allowance is made, the accuracy of the diagnosis has still to depend on the individual skill of the observer.

Whilst the main object of the scheme is to afford a method of recording a case, it by no means follows that the order here set down must be pursued in all cases. When it is possible to do so I believe this is the best plan, but it not unfrequently happens, that the age or condition of the patient compels a different sequence. It may be that the essential points of the family or even the personal history may not be ascertained until the patient has been for some time under observation; and for this reason some prefer to commence their examination with the present state. Circumstances, no less than individual inclination, will determine the order of procedure, but whichever may be adopted, the scheme will suggest the points to be inquired into and noted, with, it is hoped, sufficient completeness.

The various points enumerated in Sections I and II are proposed as the heads of inquiry into that portion of the evidence to be obtained by direct questioning, each question to include the words here employed. Thus, "Are your parents living?" "What is your occupation?" "Have you ever suffered from rheumatic fever?" &c. Since much of the information thus obtained is liable to be uncertain, it is well to qualify it in the record with some such saving clause as "the patient says;" and it is always to be preferred that the patient's own words and terms should be employed without any attempt to render them into what may be their scientific equivalents. The other sections deal mainly with observation by the orderly employment of the senses of sight, touch, hearing, and smell, assisted frequently by such special aids as stethoscope, microscope, thermometer, and others.

In the prosecution of this part of the inquiry a somewhat mixed method has in practice to be followed. On the one hand it is the actual condition of an organ, its size, shape, position, and feel that is being investigated; and to this the expression physical examination is applied. The gross structural alterations recognised thereby may be subsequently demonstrated on the post-mortem table, or their exis-

tence during life may be sufficiently obvious. On the other side, and complementary to the foregoing, is the observation of the functional disturbance, the evidences of abnormal action, which clearly can only be perceived during the lifetime of the patient. From these two sources, the condition of the organs and the performance of the functions, the state of the patient is inferred; but although to this extent different in their manifestation and method of recognition, it may not be forgotten that the one is but the expression of the other, and that every form of functional activity, whether healthy or diseased, is but the outcome of some structural change either obvious or at present beyond our perception.

No attempt is made to indicate the value of the individual signs and symptoms to be observed, either relatively to one another, or as corroborative or contradictory. To ascertain such, clinical experience and instruction are needed. Grave errors are apt to follow the pursuit of so-called pathognomonic signs, and it is better to take note of evidence which may seem redundant than by its omission to risk the missing of some important point.

I. The family history of the patient, gives information as to the existence of tendencies whether to long or short life, or to any special diseases, which experience would seem to show are hereditarily transmitted. It furnishes the groundwork of the constitution with which the observer has to deal, and naturally would claim attention first. Owing to the great importance of a knowledge of the ancestral factor, it is suggested that every point here set down should not only be inquired into, but should be recorded, since a negative statement frequently comes to possess a positive value, not perhaps apparent at first.

II. Since the state of health, whether good or bad, of an individual at any given time, is the resultant of the hereditary tendencies which he intrinsically possesses, and of the external influences which may be brought to bear on him, it follows that inquiry into what the extent and character of these influences may be, should succeed to the knowledge obtained of ancestrally derived traits. The next step, therefore, is to ascertain how far these inherited tendencies may have been strengthened or weakened in the patient; or what fresh liabilities the subject of examination may have himself contracted. How far, in short, the circumstances of his individual existence have contributed to favour a continuance of health, or if he be ill to induce his present malady. Whilst some of the circumstances of his environment, such as alcoholic excess, quantity and quality of food, or insufficient clothing, are more or less completely under the control of the patient; others, on the contrary, are essentials of his being, such as age and sex. But each one exerts some distinct influence on the causation

and modification of disease, and should therefore be inquired into and recorded.

III. The investigation of the present illness of the patient constitutes the most important part of the entire procedure, to which the previous inquiries have been only preparatory, though none the less necessary. For a certain amount of the information under this head the observer must rely on the patient or his friends, and it is as well to turn attention to this before proceeding to the physical examination. In the course to be followed, much depends upon the nature of the disease. The diagnosis may be made at once, at the first glance at the patient; or the most careful and prolonged inquiry may be requisite, and then sometimes with only a doubtful result. Between such extremes lie a vast number of cases, for the examination of which the plan here set forth will be found fully sufficient, whilst it suggests rather than excludes such further expansion as may be exceptionally required. Here also it will be desirable, at least so far as the end of Section III, *b*, to inquire as to every point set down, although only the positive characters need be recorded.

On the completion of this stage the observer will in the majority of cases have either arrived at a diagnosis, or obtained sufficient evidence to indicate the region or organs that are primarily or mainly affected, the conditions of which are next to be examined, and noted according to the scheme set forth in the various sections A, B, C, &c. Abnormalities in the remaining organs and functions are then to be sought for in the sequence given in each section, and recorded when present. Systems presenting no signs of disease to be noted as healthy. In the pursuance of such a plan, some repetition is unavoidable. But it is intended that in the investigation of the "present state," attention should first be directed to those points which indicate not only the actual local structural and functional alterations, but also the *general or vital condition* of the patient, leaving the further examination of such features as the pulse, respiration, urine, and nervous state to be followed, should occasion require it, under their proper system.

Lastly, it cannot be too strongly insisted upon that the physical signs exhibited by the patient are but expressions of underlying physical states, the causation (*ætiology*) of which is as distinct from their manifestation (*semiology*) as is the forecast of their results (*prognosis*), or the indication for their treatment (*therapeutics*). To infer the nature of these states from the data supplied by examination constitutes the making a diagnosis of the disease, a mental process altogether different from that involved in collecting the evidence upon which the judgment is founded. To supply such deficiencies as the imperfect knowledge of each branch of our art compels, experience contributes not a little; but it is open to each one to diminish the

risk of error, which besets each stage, whether of examination or inference, of forecast or of treatment, by the diligent practice of the *method of inquiry*.

It is recommended that the arrangement of separate lines as followed in the scheme, be adopted in the report.

Words in curved brackets are the terms usually employed to characterise the signs and symptoms which they follow ; they do not of necessity differ in their meaning, but are those most generally in vogue and to which more or less special significance is attached by various observers. A more uniform phraseology is much to be desired.

Italics for the most part indicate methods of procedure.

SCHEME FOR CASE REPORTING.

[If the patient from age, or nature of illness, be unable to give an account, state the source whence it is obtained.]

NAME.

AGE.

DATE OF ADMISSION.

WARD.

BED.

I. FAMILY HISTORY.

Parents; ages, state of health of; if dead, cause of and age at death.

Any blood relationship of parents.

Ages of parents at patient's birth.

Brothers and sisters; number, ages, and state of health of; cause of and age at death of any.

Relatives, paternal and maternal; grand parents, uncles and aunts; ages of, and state of health, or ages at and causes of death.

Note any special cases of longevity in the family.

Any malady prevailing in the family, especially—

Gout, Rheumatism, Cancer, Scrofula, Hæmophilia.

Consumption, Spitting Blood, Asthma. Heart Disease.

Dropsy. Varicose veins.

Epilepsy, Insanity, Neuralgia, Paralysis.

Diabetes, Obesity, Alcoholism.

Cutaneous eruptions.

Stone, Goitre, Fistula.

Headache, Quinsy, Indigestion.

Imperfections of Sight, Hearing, Dentition.

Malformations.

Record the members of family so suffering, age of first appearance of the disease, and at death, if fatal.

Note any special immunity from certain groups of diseases—
e. g. acute specifics, and any evidence for the statement.

[Supplement by any confirmatory evidence, from medical attendant, death certificates, &c., that may be available.]

II. PERSONAL HISTORY. [*Distinct from present illness.*]

Age (real, apparent).

Sex.

Civil state (single, married, widow—age at marriage).

Number and ages of children.

Miscarriages.

Race (ULOTRICHI or Negroid races, LEIOTRICHI including the Australoid, Mongoloid, Xanthochroic, and Melanochroic groups—English, Irish, Scotch, pure or mixed).

Place of birth.

Subsequent places of abode (town, country, abroad); soil, temperature, dryness or humidity, elevation, drainage, ventilation, cleanliness, overcrowding.

State locality where present illness commenced.

Occupation; how long followed; number of hours employed daily; hygienic condition of place of occupation; exposure to heat, cold, or wet.

Right or left-handed.

Exercise; amount and character of; athletics; amusements.

Muscular power and extent of endurance of fatigue.

Overwork (mental or bodily); anxiety; overlactation; other excesses.

Food; quantity and quality (meat, vegetable, farinaceous, fat). Chief meal.

Drink (beer, wine, spirits, tea), amount of taken daily and when.

Habitual use of other stimulants or sedatives, as opium or chloral; or of aperients or other drugs.

Smoking; amount of, expressed in number of cigars, cigarettes, or pipes per day. Tobacco chewing. Snuff taking.

Clothing; sufficiency of, and of bedding; as to wearing flannel.

Improprieties of, *e.g.* tight lacing, high heels.

Personal cleanliness; hot or cold bathing, frequency of.

Temperament (nervous, excitable, sanguine, bilious, phlegmatic, lymphatic melancholic). Intellectual and moral character.

Resemblance to either parent.

Idiosyncracies as to food, drugs, &c.

Peculiar habits.

General state of health.

Appetite (good, indifferent, bad, capricious). Thirst.

Bowels, regularity of.

Sleep, amount and soundness of ; dreams.

Sensibility to changes of weather.

Habitual coldness of extremities. Chilblains.

Menstruation, age at commencement of ; regularity of, state of health at "period."

Any known peculiarity of health, *e. g.* slow pulse.

Previous diseases or accidents, their dates of occurrence and duration.

Especially note occurrence of minor ailments to which patient may be subject, *e. g.* repeated colds or sore-throats, frequent headaches, cutaneous eruptions, epistaxis, or abnormal discharges of any kind.

And specifically state whether patient has or has not suffered from Gout, Rheumatism or Rheumatic fever, Scarlet fever, Typhoid fever, Measles, Whooping-cough, Syphilis, Hæmoptysis, Shortness of breath, Palpitation, Swelling of feet.

Previous attacks of present illness, if any ; with dates and duration of occurrence.

III. PRESENT ILLNESS.

Supposed exciting cause—exposure, injury, food, poison, contagion, excesses, want of sleep, mental shock, cessation of any habitual discharge.

Onset; precise date and mode (sudden or gradual).

How occupied at time of; relation to sleep or meals.

Symptoms of; chilliness, rigors, vomiting, anorexia, thirst, diarrhœa, aching of limbs, pain in chest, abdomen, or loins, headache, fainting, insensibility.

Subsequent symptoms in order of succession.

How long left off work or confined to bed.

Treatment previous to admission, or coming under observation.

PRESENT STATE.

[Date and name of recorder.]

(a) *Ascertainable by direct questioning of patient.* (*Subjective symptoms.*)

State as succinctly as possible, in the patient's own words, of what he complains and why he has applied for treatment.

Pain; seat and character of (acute, dull, aching, cutting, boring, stabbing, a stitch, shooting, lightning, throbbing, gnawing, burning, bearing down, constrictive, "girdle pain," constant, with or without exacerbations, intermittent, periodic, fugitive, fixed, shifting), if better or worse at night, effect of movement or excitement on, increased or relieved by pressure. Direction of radiation.

Painful spots. Headache (frontal, occipital, vertex).

Tenderness; degree and seat of.

Abnormal sensations (numbness, itching, heat or cold, flushings, chilliness), seat of. General feeling of malaise or of severe illness. Sensation of sinking or falling, or of impending death, of great weakness or exhaustion. Rushing of blood to the head.

Appetite; any change from normal, and when it began.

Taste in mouth (acid, salt, bitter, sweet, nasty, metallic, putrid).

Bowels; normal. **Constipation**, degree of. **Diarrhœa**, frequency of. Special characters of stools [*vide* p. 32].

Losing flesh; for how long.

Sleep, amount and soundness of [*vide* p. 41].

(b) *Ascertainable by simple examination of the patient. (Objective signs.)*

If in bed, state how long patient has been so; if not in bed, state so.

Position in bed; Decubitus (indifferent, dorsal, dextral, sinistral, diagonal, ventral); whether sitting propped up, or lying helpless and motionless, as in extreme prostration. Quiet or restless.

State any inability to lie on back or on either side.

Any peculiar posture of limb or limbs; legs drawn up, &c.

Rigors; duration, frequency, time of occurrence.

Jactitation. Subsultus tendinum. Rolling of head.

Attitude if out of bed; standing (erect, stooping), sitting.

Gait (firm, erect, weak, tottering) [*vide* p. 46].

Mental state (normal, hopeful, anxious, depressed, irritable, variable); if unconscious, degree of (partial, complete, whether can or cannot be roused); delirium (mild, only at night, muttering, violent).

If patient be very deaf state so.

Any peculiarities of voice or unusual sounds emitted by patient.

Temperature; *preferably to be taken in mouth or rectum; if in axilla, it should be taken on both sides with the same thermometer.* Type of (continuous, remittent, intermittent).

Pulse; general characters of, rate, regularity, force [*vide* p. 20].

Respiration; general characters of, rate, regularity, dyspnoea. Frequent sighing. [*vide* p. 23].

[*N.B.—It is especially desirable that every record of the temperature on the chart be accompanied by the number of pulse beats and respirations per minute.*]

General aspect of body (well nourished, delicate, stout, thickset, corpulent, spare, wasted as to trunk or limbs only, emaciated).

General anasarca. Edema of extremities.

When general, state where first noticed.

Neck short and thick, circumference of at level of cricoid cartilage.

Imperfect development or absence of limb.

Deficient sexual characters for age of patient.

Abnormal curvatures of spine (angular, lateral).

Strength as evidenced by ability to rise in bed, or to walk.

- Face**; any swelling or unusual appearance of. Paralysis of.
- Complexion** (fair, fresh, florid, ruddy, dark, swarthy, pale, pasty, dirty, leaden, livid, dusky, flushed, symmetrically or unilaterally, injection of fine vessels, especially of cheeks and nose).
- Features** (regular, distorted, bloated); note any special peculiarity.
- Expression** (calm, hopeful, dull, vacant, anxious, suffering, restless, fretful, excited, terrified, pinched, drawn, facies hippocratica, cachectic).
- Eyes**; closed, half closed, open, appearance (natural, glistening, brilliant, dull, ferrety, glazed, suffused, fixed, staring, protruded, sunken).
- Conjunctiva** (injected, icteric, suppurating)—subconjunctival fat.
- Cornea**; opacities or cloudiness of, ulcers. Arcus senilis (blurred, well defined). Sclerotic (bluish white, dull, yellow).
- Pupils**; size, equality of; reaction to light, to accommodation.
- Irides**; colour of (grey, light blue, blue, dark blue, light brown, brown, dark brown, green, grey, black, pink), remains of previous iritis.
- Strabismus.** **Blindness.**
- Eyelashes** (absent, long, sweeping). **Blepharitis.**
- Ear.** Size (large, small). Shape (undue prominence, bell shaped). Malformations of; in excess or deficiency—supernumerary auricles—presence or absence of tubercle of helix—branchial fistula—atresia of meatus—adherence of lobule to cheek. Eruptions on auricle [*vide* p. 16].
- Tumours of auricle, cysts, hæmatoma.** **Tophi.**
- Mouth**; open, closed, jaws clenched, frothing at.
- Dribbling of saliva.**
- Tongue**; size (normal, small, atrophied, large, swollen, hypertrophied uni- or bi-laterally), shape (long, pointed, broad, flat, edges indented by teeth), colour (pallid, pink, red, scarlet, livid, brown, black, yellow), density (firm, soft, flabby), surface (moist, dry, rough, raw, glazed, cracked, fissured, ulcerated, scarred, aphthous, clean, furred—uniformly, partially, unilaterally, only on dorsum with tip and edges clean, thickly, slightly, white, dirty, foul), papillæ (prominence of fungiform or circumvallate papillæ, “strawberry tongue”).
- Position in mouth.** **Mode and direction of protrusion.**
- Mobility.** **Tremulous.**
- New growths of.** **Ranula.** **Frænum ulcerated.**
- [State when food or medicine was last taken.]
- Lips and inner surface of cheeks**; appearance (thick, thin—ulcerated, mucous tubercles, aphthous, pigment spots). Twitching of.
- Angles of mouth** (cracked, fissured, cicatrised).

Gums ; appearance (pallid, swollen, spongy, ulcerated, bleeding, blue or red lines around teeth, pigmented). **Sordes.**

Teeth ; number, shape, appearance (sound, carious, notched, grooved, ground down, loose), irregularities in position or prominence.

Hard palate ; shape of (normal, flattened, high roof, deeply vaulted, asymmetrically arched — shortened antero-posteriorly — contracted, broad, width between second molars and between posterior bicuspid, dolichoid, brachoid, macroid, microid, premaxillary prognathous, premaxillary hypognathous, lambdoid or V-shaped), appearance (ulcerated, pigmented, new growths of, cleft).

Fauces, uvula, tonsils ; appearance (pale, red, congested, œdematous, granular, hyperæmic, ulcerated, sloughing, exudations—patches of grey or purulent mucus adherent to posterior wall of pharynx—yellowish masses projecting from follicles of tonsils).

Malformations ; soft palate unduly long—cleft uvula—tonsils abnormally small or large. Paralysis of velum.

Breath, odour of (alcoholic, sweet, alliaceous, urinous, fœtid, gangrenous—cold, hot).

External condition of throat ; swollen, symmetrically or not.

Thyroid body ; enlargement of, situation and character (firm, tense, fluctuating, solid, pulsating, seat of thrill or murmur).

Salivary glands ; painful, tender, swollen, fluctuation in.

Orifices of ducts ; patency of.

Abnormal discharges from ears, nose, urethra, &c. ; character (serous, sanious, purulent, odourless, fœtid) and amount of.

Integuments ; condition of (thin, thick, delicate, coarse, atrophied, hypertrophied—smooth, tense, shiny, glossy, wrinkled, “goose skin”—dry, barsh, moist, greasy—scaly, desquamating—dull, earthy, muddy—hot, cold—“wash-leather”), generally or locally.

Pigmentation (citron-yellow, orange, brownish green—bronzed, freckles, shades of brown or blue—pearly or milky-white), distribution and date of appearance of. **Moles** (smooth, warty, hairy).

Perspiration (profuse, moderate, deficient, absent—general or unilateral, or limited to head, trunk, or limbs) ; if occurring chiefly at night or at any regular time ; odour, colour, reaction.

Anæmia, as shown by colour of conjunctiva and lips.

Chlorosis.

Hyperæmia, distribution and degree of, with or without swelling.

Congestion ; especially of ears, nose, and cheeks. **Lividity.**

Tâche cérébrale. **White streak.**

Superficial veins of trunk and limbs ; undue distension of, varicosed.

Œdema ; distribution and degree of. **Emphysema.**

Eruptions (maculæ, petechiæ, papules, tubercles, wheals, vesicles, bullæ, pustules, boils, scabs, scars). **Tumours.** **Warts.**

Date and place of first appearance.

Distribution of (regional—disseminated, grouped). Size of.

Form of (discrete, confluent, round, oval, crescentic, irregular, well or ill defined, flat, raised, acuminate, depressed, umbilicate).

Colour of (white, pale, pink, rose, dark red, purple, livid, yellow, orange); effect of pressure on (unaffected, temporarily fade).

Surface of (smooth, rough, scaly, furfuraceous, warty).

Sensibility of (unaltered, itching, burning, tingling, smarting, painful, tender, anæsthetic).

Character of discharge, if any (serous, sanious, purulent).

Parasites, animal (scabies; pediculi capitis, corporis, pubis; demodex).

vegetable (tinea circinata, sycosis, tonsurans, favosa, versicolor).

Hair, colour of (white, very fair, fair, flaxen, golden, red, red brown, auburn, light brown, brown, dark brown, black brown, black); dryness of; baldness (uniform, or in patches), falling out. **Nits.**

Altered in texture (brittle, twisted, broken, stunted, thickened).

Excessive development of hair in various situations.

Nails, colour (normal, brownish, greyish, opaque, white spots or patches), texture (hard, soft, thick, thin, brittle, flexible, uneven, rough, ridged, grooved, worm-eaten), shape (curved, flat, incurved, depressed, clawed, keel-shaped, ingrowing).

Vaccination marks; number and appearance (good, indistinct), absent. State how often and when vaccinated.

Ulcers; number, size, situation, shape (circular, oval, irregular, serpiginous, curvilinear, annular), sensibility (painful, tender, irritable, insensitive), characters of base (shallow, deep, smooth, eroded, pale, glistening, red, raw, bleeding, livid, clean, foul, sloughing, covered with membranous exudation, or blood clots, or crusts, granulating—granulations, small, large, firm, soft and easily bleed, pale, pink, bright red, purple—fungating, indurated), of edge (even, irregular, shelving, sharply cut, rounded, thickened, infiltrated, everted, undermined—pale, milk white, bright red to purple), of discharge (abundant, scanty, thin, serous, sanious, sanguineous, purulent, inodorous, fætid), of surrounding integuments (healthy, inflamed, congested, œdematous, pigmented, thickened, scaly epidermis, infiltrated, distended vessels). Duration of.

Bedsore.

Fistula.

Sinus.

Scars.

Excoriations.

Fissures.

Gangrene; situation, extent, character (dry, moist, mixed), duration.

Wounds.**Contusions.**

Superficial swellings; number, size, situation, shape (round, oval, irregular—well or ill defined), characters (superficial, prominent, sessile, pedunculated, pendulous, deeply seated—fixed, movable, adherent to integuments or to subjacent structures—hard, soft, fluctuating, pointing, discharging—dull, resonant, tympanitic—smooth, nodular, lobulated—painful, tender, insensitive), condition of skin over (healthy, bright red to livid, ulcerating). Duration and rate of growth of.

Nævus; size and situation of.

Herniæ; situation (umbilical, inguinal, scrotal, femoral), size, how long existent, if a truss be worn and for how long.

Lymphatic glands, cervical, occipital, submaxillary, axillary, inguinal, femoral; condition of (normal, enlarged, fixed and adherent to skin, suppurating, discharging).

Lymphatic vessels; if apparent by red lines or distension.

Muscles (firm, flabby, atrophied, hypertrophied, rigid).

Pain in; distribution of.

Paralysis, spasm, distribution of [*vide* pp. 42, 44].

Tumour of; situation.

Bones (fractured, enlarged ends, deformed, tumours of, brittle, painful, tender).

Periosteum (thickened, nodes, tender, painful).

Joints; condition of (enlarged, swollen, painful, fluctuation in, fixed, grating on movement, deformed). Tophi.

Colour and appearance (tense, shiny, lax) of skin over.

Conformation of hands and feet.

Clubbing of fingers. “Spade-like” hands.

Extremities, blue and cold or pallid and numb; persistent or in paroxysms with pain.

Urine; sp. gr., reaction, colour, presence or absence of albumen or sugar [*vide* p. 34].

Menstruating. **Pregnancy;** stage of. **Suckling**—age of infant.

Height, without shoes.

Width, between acromion processes.

Span of arms, *i. e.* distance between tips of middle fingers, extended horizontally, measured across the back.

Weight. Note any previous weights.

N.B.—*Subsequent weighings should be taken at the same time of day, and the true weight, free from clothes, should be recorded.*

OPHTHALMOSCOPIC EXAMINATION OF FUNDUS OCULI.

By indirect and direct methods.

Colour of fundus (orange red, brownish grey).

Disc ; shape (circular, oval transversely or vertically).

outline (well defined, indistinct, obscured).

size (large, small).

colour (yellowish white, pale, pink, bluish, or greenish).

appearance (prominent, swollen, choked, cupped, hæmorrhages or exudations into).

Vessels ; size and appearance of (normal, contracted, engorged, pulsating, aneurisms), relative size of arteries and veins.

Choroid ; appearance of (normal, disseminated or diffused, white or pigmented areas—situation of same).

Retina ; appearance of (normal, opaque, milky white spots in, pigmented, hæmorrhages), vessels of (empty, engorged), detached, growths of—situation of same. Yellow spot ; appearance of.

Vitreous body ; appearance of (clear, turbid—extent and appearance of opacities—specks, shreds, chains of cells, crystals).

EXAMINATION OF THE BLOOD.

Colour (scarlet, purple, black—pale, milky—laky, cherry-coloured).

Red corpuscles ; numeration of by hæmacytometer.

Appearance of (crenated, larger or smaller than normal).

Unusual softness of.

White corpuscles ; numeration of and proportion to red corpuscles.

Other microscopical constituents ; transitional corpuscles, fragments of disintegrated red corpuscles, pigment granules—bacilli, filariæ, spirillum.

Estimation of hæmoglobin by hæmoglobinometer.

Spectroscopic examination.

Examination of serum obtained from a blister, for uric acid,

- (c) *Ascertainable by detailed examination of regions, organs and functions, assisted by special aids to the senses—stethoscope, microscope, &c. (physical examination.)*

A. THORAX.

It is preferable for patient to be standing or sitting; stooping forward with arms crossed for examination of the back, and with arms raised for the lateral regions.

Measurements; antero-posterior, lateral, height, circumference directly below nipple level or at sterno-xiphoid joint. *To be taken in deep inspiration and in expiration.* Position of and width between nipples.

Registered by catipers, cyrtometer, tape.

Shape (symmetrical, asymmetrical—enlarged, contracted—broad, narrow—flat, deep—long, short—pigcon-breasted, rickety, barrel-shaped, alar or pterygoid—depressed manubrium sterni).

Costal or epigastric angle; width of.

Shoulders (drooped, rounded, raised). **Neck** (short, long).

Spine; curvatures of (lateral, angular).

Local bulgings or flattenings; exact situation and area of. Unequal development of pectoral or dorsal muscles.

Tumours; characters of (well-defined, ill-defined—hard, tense, soft—smooth, nodulated—fluctuating, pulsating).

Intercostal spaces; bulging, obliteration of.

Superficial vessels; condition of, as regards distension, direction of blood flow in.

Œdema; general or local.

Eruptions; limited to this region [*vide* p. 16].

Mammary gland; size, absolute and relative to opposite one (normal, diminished, enlarged— independent swelling), surface (smooth, nodular, lobulated), consistence (hard, tense, soft, fluctuating), mobility (free, fixed to skin or subjacent structures), painful, tender.

Integuments over; appearance of (healthy, red, discharging, scabs, œdematous, swollen, retracted, adherent to subjacent structures, scarred, thick, nodules in, striæ, vessels distended), tender.

Areola; size, degree of pigmentation, enlargement of sebaceous glands.

Nipple; size (large, small, rudimentary), shape (prominent, flattened, retracted, malformed), surface (bright red, ulcerating, discharging—milk, mucus, serum, blood, pus—scabbed, cracked, fissured—painful, tender).

Supernumerary glands.

Surface temperature of chest.

1. CIRCULATORY SYSTEM.

Pulse [radial].

It is often desirable to make several observations during the examination of the patient.

Rate, *i.e.* number per minute (frequent, infrequent).

Rhythm (regular, irregular, jerky, intermittent—degree of intermittence, regular or irregular, alternating—dicrotic, continuous).

Duration of beat (quick, sharp, slow). **Volume** (small, thready, large, full, bounding). **Force and tension** (strong, weak, feeble, soft, hard, rigid, wiry, compressible, incompressible, tremulous, fluttering, irregular, falling or collapsing or locomotive or water-hammer or Corrigan's, diminution or disappearance on full inspiration).

Unduly visible.

Tortuous.

Effects of posture.

Differences on opposite sides.

Sphygmographic tracings.

Sphygmanometric tracings.

CARDIAC AREA, OR PRÆCORDIAL REGION.

Pain [for terms employed in characterising, vide p. 12]. **Tenderness.**

Abnormal sensations; fluttering, palpitation (relation to exertion, if occurring at night and waking patient), sinking, oppression, as of stopping of heart.

Syncope; frequency, time, and circumstance of occurrence.

Associated with chill, vertigo, nausea, dyspnœa—violent emotion.

Shape (bulged, flattened, depressed).

Impulse, visible and palpable; position (normal, displaced), area (limited, diffused—extent of), force (increased, diminished, feeble, imperceptible to sight or touch), character (thumping, heaving, undulating, quick, abrupt, jerky, prolonged, fluttering, double), rhythm (regular, irregular), point of time of occurrence in cycle of heart's beat (systolic, diastolic), effect of change of posture and of respiratory movements.

Basic impulse.

Epigastric pulsation.

Retraction of intercostal spaces with cardiac systole, or immediately after impulse.

Cardiographic tracings.

Thrill; situation of, time of (presystolic, systolic or diastolic).

Pericardial friction fremitus; seat of. **Fluctuation**; area of.

Area of cardiac dulness (absolute, relative), *as determined by percussion* (normal, increased, diminished, displaced). Effects of change of posture, and of respiration.

Tympanitic resonance over cardiac area, varying in extent with change of posture.

Heart sounds, *as detected by auscultation, at the following fixed points in all cases, apex, ensiform cartilage, base, i. e. mid-sternum at level of 3rd costal cartilage, 2nd R. and L. costal cartilages; and elsewhere when necessary.*

Characters of each sound as regards—

Volume (normal degree of loudness, louder, faint, feeble, obscure).

Quality and pitch (roughened, booming, clear, sharp, accentuated, dull, distant, metallic, ringing, muffled, clicking). **Relative length** (prolonged, abrupt). **Rhythm** (regular, irregular in force or rate, intermittent—degree and regularity of intermittence). Reduplication.

Modifications of on full inspiration and full expiration, on change of posture, on excitement, or on physical exercise.

Extent and degree of audibility beyond cardiac area.

Murmurs. i. Pericardial.

Friction sound; situation and extent of, rhythm (to and fro with both systole and diastole, or only with either), quality (superficial—rubbing, rough, creaking, clicking, soft), volume (loud, faint), effect of change of posture or pressure by stethoscope, or respiration.

Splashing sound.

ii. Endocardial.

Point of time of occurrence and duration in cycle of heart's beat (systolic, diastolic, presystolic) replacing or accompanying cardiac sounds. Disappearance on deep inspiration.

Seat of greatest intensity. Direction of conduction—where audible beyond cardiac area.

Quality (near, distant—loud, faint—low toned, high pitched, soft, harsh, rasping, blowing, bellows, musical, constant, intermitting).

If of same quality wherever audible.

If audible to patient.

Effect of change of posture, movement, excitement suspension of breathing, pressure of stethoscope on.

iii. Extrapericardial.

Very superficial sounds of various character, synchronous with cardiac or respiratory sounds.

BEYOND CARDIAC AREA [great vessels].

Sensations; throbbing, pain.

Pulsation in carotid and subclavian arteries (increased, diminished almost to absence). Pulsation in jugular fossa.

Sounds audible over main or peripheral arteries; rhythm in relation to cardiac sounds, characters of.

Swellings [aneurism, varix, &c.]; situation and area of.

Pulsation (excessive, heaving, expansile or eccentric, double).

As compared with cardiac impulse in force and rhythm.

Diminution or otherwise of pulsation on compressing carotid and subclavian arteries.

Thrill; relation in point of time to cardiac impulse.

Sounds; i. Cardiac sounds, one or both, as distinct, more or less distinct than over heart, or entirely absent.

ii. Murmurs, conducted from heart or locally produced; rhythm in relation to cardiac sounds.

Pressure symptoms.

Distension of veins; jugular, lingual, of extremities, &c.

Filling of veins from cardiac side.

Rapid emptying of veins in the neck during diastole, and swelling up with systole.

Pulsation of jugular and other veins.

Undulation of jugular veins.

Rhythmical dilatation of jugulars synchronous with respiration.

Retraction of veins of neck during cardiac diastole.

Venous hum.

Jugular thrill.

Capillary pulse, *seen beneath nails or on the cheeks.*

2. RESPIRATORY SYSTEM.

Respiration; frequency, *i. e.* rate per minute.

Characters of inspiration, or expiration, or both (regular, irregular—shallow, deep, prolonged, laboured, embarrassed, suspended—noisy, crowing, wheezing, cooing, stridulous, shrill, croupy, stertorous, puffing—gasping, sighing—Cheyne-Stokes—dyspnoea, inspiratory or expiratory, orthopnoea, persistent or paroxysmal, relation of to exertion. Note in respect to dyspnoea the degree of sensation of want of breath experienced by patient, and extent of co-existent lividity).

Pain; seat of, character of (for terms *vide* p. 12), effect of respiration, coughing, movement or posture on.

Tenderness. Abnormal sensations (oppression, weight, catching, dragging. Tickling, burning or uneasiness in the throat).

Voice; quality or pitch (deep, harsh, hoarse, husky, raucous, cracked, high pitched, ringing, nasal, whispering).

Aphonia.

Dysphonia.

Cough; severity, character (occasional, frequent, incessant, paroxysmal and special times of occurrence—harsh, dry, hacking, barking, ringing, metallic, whooping, croupy—short, or in prolonged fits—with or without expectoration—if painful—if it end in vomiting or exhaustion—if it give distinct relief—if affected by posture—noiseless).

Expectoration or sputum; quantity during fixed periods; if expectorated with or without difficulty; time when most abundant; characters (thin, fluid, viscid, tenacious, frothy, diffluent, discrete, nummulated, sinks or floats in water—inodorous, fœtid—colourless, yellow, yellowish green, green, brown, rusty, bright red, dark purple, prune juice); composition (mucus, muco-purulent, purulent, serous—blood-streaked, blood bright or dark, fluid or in clots—like currant jelly—pigmented with black specks—bronchial casts, false membranes, calcareous particles, portions of lung, or new growth, foreign bodies).

N.B.—The frequency, amount and colour of blood in hæmoptysis should be specially noted.

Microscopic constituents (epithelium cells, alveolar, squamous, columnar, ciliated—blood-corpuscles, pus-cells, fibrinous coagula—elastic fibres, plain muscular fibre-cells, fragments of cartilage—Curschmann spirals, Charcot-Leyden crystals—bacilli, micrococci, thalli and spores of *Oidium*, *Leptothrix*, &c., *Sarcinae*—fat globules—crystals of margarin, of hæmatoidin, of cholesterin, of tyrosin—hooklets of echinococci—fragments of new growths).

Extraneous substances (dust, hairs, particles of food, &c.).

Chemical composition; mucin, albumins. Chlorides.

Sugar; urea.

Sneezing; frequency of.

The signs to be noted according to their position in the regions of the Thorax, or in reference to fixed points of the same, or recorded on diagrams. The careful comparison of opposite sides in respect to each sign is essential.

Respiratory movements; *as recognised by inspection and palpation, and measured by stethometer* (normal, increased or diminished generally or locally absent—heaving, hurried, slow, laboured).

Immobility of either shoulder during respiration.

Relation between thoracic and abdominal movements.

Recession of soft parts during inspiration.

Retraction of epigastrium during inspiration.

Movements of alæ nasi (normal, exaggerated).

Movements of larynx (normal, absent, exaggerated).

Association of pain with respiratory movements.

Stethographic tracings.

Capacity of lungs *as indicated by spirometer.*

Power of inspiration and expiration, *as indicated by manometer or pneumatometer.*

Palpation signs.

Vocal or cry fremitus (normal, increased, diminished).

Tussive or rhonchal fremitus. Laryngeal fremitus.

Pleural friction fremitus; degree of. Cavernous fremitus.

Fluctuation in intercostal spaces.

Percussion signs, *with gentle and forcible percussion during quiet respiration, deep inspiration, and full expiration.*

Resonance; normal; increased (hyper-resonant, amphoric, tympanitic, tracheal); deficient (muffled, dull, high-pitched, wooden, absolute dulness); peculiar qualities of (cracked pot, boxy, metallic ring).

Percussion resistance (normal, increased, diminished). Percussion thrill.

Effects of change of position of patient on area and character of resonance.

As supplementary means of defining the limits of resonance or dulness, the tuning fork or the method of “auscultatory percussion” may be employed.

Auscultation signs *on normal and on deep breathing.*

Respiratory sounds; of inspiration, or expiration, or both—normal or vesicular; increased in volume and altered in quality (harsh, coarse, or rough, exaggerated, puerile, blowing, bronchial, high-pitched, tubular, cavernous, amphoric, metallic, metamorphosing); diminished in volume (feeble, distant, absent); altered in rhythm (interrupted wavy jerky or cogged wheel, divided—expiration prolonged).

Adventitious sounds on normal and on deep breathing, on coughing.

1. Moist sounds. Râles.
 - (a) Fine or crepitant (fine crepitation).
Redux crepitation.
 - (b) Medium or subcrepitant or submucous.
 - (c) Large or mucous.
 - (d) Gurgling or bubbling.
2. Dry sounds. Rhonchi.
 - (a) Sonorous. (b) Sibilant. (c) Stridulous.
 - Clicking. Crackling.
3. Pleural friction (faint, harsh, dry, creaking).
4. Metallic tinkling. Amphoric echo. Bell sound.
Splashing sound.

Influence of movements of heart and great vessels on pulmonary sounds—cardio-pulmonary murmurs.

Vocal and cry resonance; (normal, diminished, absent, increased, altered pitch—bronchophony, ægophony, pectoriloquy, amphoric resonance). **Tussive resonance.**

Auscultation of larynx and trachea.

Note any adventitious sounds; character of.

Examination of material removed from chest or tumour by aspirator or grooved needle: naked-eye appearance of; consistency (solid, fluid, gelatinous); colour.

Specific gravity, if fluid.

Chemical analysis for albumen, urea, chlorides.

Microscopical examination; pus, blood, epithelial cells, granular cells, cholesterin crystals, hooklets or laminated membrane of hydatid cyst, new growths.

EXAMINATION OF THE LARYNX. *Laryngoscopy.*

Mucous membrane; condition of (normal, pallid, bright red, injected, dark red—œdema, abscess, ulceration, cicatrices, exudations), sensibility of (normal, hyperæsthetic, anæsthetic).

New growths; appearance of (sessile, pedunculated—smooth, nodulated, warty, cystic—ulcerating), size, colour (pale, pink, congested).

The above to be noted in the following situations: epiglottis, aryteno-epiglottidean folds, arytenoid cartilages, cartilages of Santorini and Wrisberg, opening of ventricles, vocal cords, and ventricular bands.

Vocal cords;

Position, unilateral or bilateral (abduction, cadaveric, adduction).

Movements on respiration and phonation.

Tension of (normal, loose with depression and elevation of their centres during inspiration and expiration).

Immobility of epiglottis.

EXAMINATION OF THE NASAL CHAMBERS. *Rhinoscopy.*

Viâ posterior nares, by rhinoscope, palate hook, and spatula.

Viâ anterior nares, by speculum.

Absence of cartilages or bones.

Mucous membrane; appearance of (normal, pale, bright red—œdematous, ulcerated).

Discharge from (mucous, muco-purulent, sanious, blood—fœtid).

New growths; size, appearance of (*vide suprâ*).

The above to be noted on the turbinated bones and septum nasi.

Openings of Eustachian tubes; condition of.

B. ABDOMEN.

Pain; seat and direction of radiation of, character of (for terms employed *vide* p. 12), effect of movement or posture in causing or relieving. **Numbness** in thigh.

Tenderness; seat of (superficial, deep seated, general, localised).

Surface temperature of.

Shape (symmetrical, asymmetrical—flattened, retracted, distended, bulged, protuberant, globular, pendulous). **Obesity**.

Flanks (normal, bulged). **Costal margin** (normal, everted).

Situation of most prominent point.

Measurements (from umbilicus to pubes, to base of ensiform cartilage, to each anterior superior iliac spine, to spinous process at corresponding level; circumference at margin of thorax, at umbilicus, and at most prominent point; width between anterior superior iliac spines, greatest width between iliac crests; external conjugate diameter).

Umbilicus; appearance of (normal, retracted, obliterated, protruded), position. **Discharge** from. **Induration** around.

Integuments; appearance of (tense, shiny, lax, soft, inelastic,—local redness or lividity). **Lineæ albicantes**.

Superficial veins (normal, dilated, caput medusæ); direction of flow in.

Œdema, **pigmentation**, **eruptions**, limited to this region and not previously recorded [*vide* p. 16].

Movements; respiratory, extent of and as compared to thoracic.

Visible peristalsis of stomach or intestines.

Fœtal movements.

Perceptible contraction and relaxation of abdominal muscles.

Visible pulsation; situation of.

The patient should lie evenly on back, with shoulders slightly raised and knees drawn up, and be made to converse during palpation.

The feel of the abdomen (resistant, hard, rigid, tense, flaccid, doughy); unilateral or local rigidity of recti muscles.

Sensation of adherence of walls to subjacent structures.

Gurgling in right iliac fossa. Friction, fremitus, and murmurs. Palpable pulsation; seat of.

Fluctuation. Ballottement.

Movements or recognisable outline of fœtus.

General symmetrical dulness—shifting on change of posture.

Extent of, with situation of tympanitic area if any.

Localised dulness with fluctuation, unaffected by change of posture. Asymmetrical dulness with fluctuation, only partially shifting on change of posture.

General tympanitic distension. Area of when partial.

POSITION AND CONDITION OF THE ABDOMINAL VISCERA, AND OF TUMOURS.

To be ascertained by palpation and percussion, or by auditory percussion; the exact limits being noted according to the regions of the abdomen and by measurements from fixed points, or recorded on diagrams.

Manual examination per rectum.

Note any visible outline of viscera or of swelling.

Hepatic area; extent and limits of (normal, enlarged, diminished, displaced), tympanitic.

Pain or tenderness over.

Edge of liver (if perceptible—firm, rounded, resistant). Notch.

Surface of liver (smooth, irregular, umbilicated nodules).

Consistence of liver (normal, soft, dense).

Effect of changes of position and deep respiration on.

Hepatic pulsation. Hepatic murmur.

Gall-bladder; if perceptible, area of.

Palpable and audible crepitus or grating of calculi.

Splenic area; extent and limits of (normal, displaced, enlarged).

Edges and surface; characters of if enlarged (smooth, rounded, irregular). Notches. Consistence (normal, hard, soft).

Pain or tenderness over.

Mobility of viscus.

Splenic murmur.

Gastric area; extent and limits of.

Pain or tenderness over.

The delimitation of the stomach may be also effected by percussion, after the swallowing of fluid in the erect posture, or after the generation in the stomach of carbonic acid gas, or by feeling through the abdominal wall the point of a bougie passed into the viscus.

Colon; course of.

Rectum; examined by finger, bougie, and speculum.

Capacity of (normal, dilated and flaccid, contracted—situation and character of stricture, circular, crescentic, or irregular).

Appearance and feel of (normal, indurated, ulcerated, cicatrised).

Swellings in, situation, size, shape, characters (sessile, pedunculated, rounded, irregular, single, multiple, hard, soft).

Condition of mucous membrane over (smooth, ulcerated, fungating, bleeding, painful). Foreign body in.

Anus ; pain, or soreness, or smarting, or pruritus around.

Orifice (normal, constricted, patulous, and relaxed).

Fissure. Ulcer. Abrasions. Swellings at margin of (flat, pedunculated, soft, indurated, compressible, tense, globular, rounded, ill defined, painful, tender, painless, pale, red, livid, ulcerated), size of. Tabs of skin.

Protrusions from, *with or without straining*—size and characters of.

Everted mucous membrane. Hæmorrhoids. Prolapsus (complete, partial, strangulated). Polypus.

Fistula.

Swelling in ischio-rectal fossa ; characters of (tense, red, painful, painless, fluctuating, pointing, discharging).

Mesenteric glands ; if palpably enlarged.

Renal areas ; extent and limits of, *ascertained by percussion and bimanual palpation*.

Note if one or both cannot be determined, or any depression over either, also mobility of either viscus.

Pain or tenderness over.

Urinary bladder ; if distended, note extent and when urine was last voided.

Calculus in ; *as detected by sound*.

Prostate ; enlargement of, *as recognised by sound and palpation per rectum*.

Testicles ; one or both absent, retracted, diminished in size, enlarged, character of enlargement (if affecting all or only part of organ, hard, soft, knotty, tense, fluctuating, solid, translucent, opaque, painful, tender, painless, expansile impulse on coughing, reducible into abdomen).

Scrotum and penis ; eruptions, ulcers (for characters, *vide* p. 16). scars, new growths, œdema.

Uterus or ovaries ; if palpable through abdominal wall, size and limits of.

Pain or tenderness over.

Pulsations of foetal heart ; situation and rate of.

Placental bruit ; situation and seat of greatest intensity.

Malformations of genito-urinary organs.

Tumours; situation, size, and shape of (round, oval, pear-shaped, irregular, as if consisting of several rounded or irregular masses, multiple). Visible, or palpable only.

Characters of (superficial, deep—well defined, outline indistinct—painless, painful, tender—hard, soft—solid, doughy, tense, elastic, fluctuating—smooth, irregular, nodulated—dull, tympanitic, dulness mixed with a superficial tympanitic note—adherent to abdominal walls, free, fixed, movable, direction in which movement is permitted, independent or not of respiratory movements—pulsating, expansile or distensile—the seat of a murmur, thrill, friction fremitus, “hydatid fremitus”).

Perceptible connection with viscera.

If it extend into or from pelvis.

Condition of integuments over (normal, red, œdematous, pointing, ulcerating).

Alterations in situation or character on change of posture of patient, or on coughing, or after meals, or subsequent to micturition, to administration of enemata or aperients, or on manipulation, or on anæsthetising patient. If of only occasional appearance.

Pressure symptoms (pain, swelling, symptoms referable to rectum or bladder, &c.).

Note the precise date and situation of first appearance of tumour, and any symptoms (*e.g.* fainting, vomiting, pain, pyrexia) which accompanied its first appearance, the direction of its extension, rate of growth, and duration of pressure symptoms.

Examination of material removed from tumour by aspirator or grooved needle: naked-eye appearance of; consistency (solid, fluid, gelatinous); colour.

Specific gravity, if fluid.

Chemical analysis for albumen, urea, chlorides.

Microscopical examination; pus, blood, epithelial cells, granular cells, oil globules, cholesterin crystals, hooklets or laminated membrane of hydatid cyst, new growths.

1. DIGESTIVE SYSTEM.

Appetite (good, bad, capricious, voracious, perverted—*anorexia*, *bulimia*, *pica*).

Note if defective appetite be due to pain, or associated with nausea and loathing of food.

Meals; times of, quantity and nature of food at. Stimulants or appetisers before meals. Any preference or dislike for special articles of food. Any known to disagree and in what way.

Thirst; degree of, quantity of fluid consumed per diem.

Sensations associated with digestion.

Absence of any.

Sense of discomfort, uneasiness, weight, constriction, sinking or faintness, in relation to food or fasting.

Pain; character of (for terms employed, *vide* p. 12), situation, direction if radiating, duration, relation of occurrence to meals or special articles of diet, effect of position, pressure, vomiting or defecation on. Colic, tormina.

Tenderness; degree and seat of.

Sensation of acidity or heartburn. Hiccup.

Desire to sleep after meals.

Tongue; (for characters, *vide* p. 14).

Mastication; any difficulty in. Imperfect and rapid, "food bolted."

Saliva; amount of (increased, diminished), reaction.

Test for albumen and sulpho-cyanides.

Deglutition; of solids and liquids (*dysphagia*, stage of the act at which difficulty is experienced, *aphagia*).

Pain during, seat, character and duration of.

Return of swallowed food by nares.

Examination of œsophagus by bougie.

Seat and degree of any obstruction.

Appearance and microscopic characters of material withdrawn on bougie.

Stethoscopic examination of œsophagus and stomach during deglutition of fluid on left side of neck close to and behind trachea, and on left side of and close to upper dorsal vertebræ; also over epigastrium.

Sounds (normal, ringing, gurgling, feeble, prolonged, delayed).

Nausea ; occurrence of in relation to food or fasting.

With or without retching or vomiting.

Vomiting ; time of occurrence, especially in relation to meals or special articles of food, or to attacks of coughing, or to movement.

Frequency (occasional, persistent, periodic)—how long it has existed.

If accompanied by nausea, pain, much effort or anxiety and faintness ; if easy. If it relieve pain.

Vomited matter ; quantity and character of, undigested or partially digested food—clear fluid—blood (bright, dark, altered, “coffee grounds,” fluid, clots)—frothy, fermenting—glairy viscid mucus—bile (green, yellow)—fæcal matter—pus—worms—foreign bodies.

Taste of (tasteless, sour, bitter, acid, burning, fœtid, feculent).

Reaction of (acid, alkaline). Odour of (fæcal, putrid, alcoholic).

Microscopic constituents ; (muscular fibres, starch granules, oil globules, blood- and pus-corpuscles, torulæ, sarcinæ, hooklets of echinococci, casts of gastric follicles, new growths, pigmented cells, &c.).

Bowels ; regularity of, usual time of action of.

Constipation ; duration and degree of.

Diarrhœa ; duration and frequency of.

Defecation (difficult, painful, tenesmus, involuntary, unconscious, preceded or accompanied by faintness or sickness).

Continuance of pain after defecation.

Inability to retain fæces.

Stools ; amount per diem, consistency (fluid, watery, slimy, ‘rice water,’ ‘pea-soupy,’ pappy, pultaceous, clayey, formed, scybala), shape (normal, flattened, grooved, ‘pipe-stem,’ rounded, in irregular nodules), colour (brown, pale or yellow-brown, deep brown, reddish-brown, black, yellow, pale, putty-coloured, grass-green, dark green, colourless), odour (normal, odourless, sour, offensive, putrid, acrid), reaction (acid, alkaline).

Visible constituents of ; unaltered food—curdy or soapy masses—fat, oil—mucus (frothy, viscid, glairy, blood streaked, with or without fæcal matter—flocculi, membranous threads, casts or tough cords of inspissated mucus entangling leucocytes)—blood (bright, altered, tarry—in streaks or patches on the surface of motion, or intimately mixed with, or quite free from fæces)—portions of intestine, sloughs—pus—gall-stones—worms—foreign bodies (pins, coins, fruit stones, fish-bones, &c.).

Microscopical examination ; constituents of food (starch granules, vegetable fibres and husks, muscular fibres, oil globules, shreds of elastic tissue, fragments of cartilage, hairs), tissue elements from canal (epithelium, muscle-fibre-cells, blood-corpuscles, leucocytes, fragments of new growths, granular debris), crystals (of ammonio-magnesian phosphates, cholesterine, fatty acids), parasites (ova of worms, hooklets, echinococci, sarcinæ, torulæ, bacteria, bacilli, micrococci).

Chemical examination for, normal constituents of bile (bile acids, pigments, cholesterine)—fatty acids and salts excretin and stercorin—pigment—salts (phosphates, chlorides)—ferments—albumen.

Flatulence ; degree of, in reference to stage of digestion and to kind of food, with or without passage of gas per anum. Borborygmi.

Eructation of gas with or without regurgitation of solids or fluids (tasteless or acid, ill-smelling or odourless, inflammable).

Auscultation over stomach and intestines.

Succussion sound.

Ringling metallic râles of varying size and audibility and of irregular occurrence, independent of respiration.

Blowing amphoric sounds synchronous with respiration.

2. URINARY SYSTEM.

Micturition; frequency of by day and night—difficult or painful—seat of pain (in perineum, above pubes, along urethra—testicle, groin, down thigh, glans penis, over sacrum, loins), time of occurrence in respect to micturition (during, at end of, independent of), characters of (*vide* p. 12). Difficult to commence.

Character of stream (normal, small, straight, twisted, sudden stoppage).

Involuntary, unconscious.

Dribbling of urine, with or without distended bladder.

Retention, duration of. Incontinence (if nocturnal only).

Extravasation of urine.

Urine; quantity in twenty-four hours. Suppression, duration of.

It may be necessary that some should be specially drawn off by catheter for examination.

Appearance (clear, turbid as passed or only after standing, few floating floeculi, ropy, frothy).

Colour; pale (varying from colourless to amber or straw colour) normal (from golden yellow to orange-yellow), high coloured (from reddish-yellow to red-brown and blood red), dark (smoky, coffee coloured, blackish, greenish-yellow or brown), bright yellow, milky.

Odour (normal, strong, ammoniacal, putrid, feculent, sweet, of violets, copaiaba, cubebs, sandalwood oil, asparagus, &c.).

Reaction (acid, alkaline, neutral). *Acidity estimated by neutralising with standard alkaline solution.*

Specific gravity of total quantity passed in twenty-four hours.

Estimation of total solids. [*Multiply the last two figures of the specific gravity by 2 for specific gravities below 1018, and by 2.33 for specific gravities above 1018, this gives the approximate amount per 1000, from which total quantity may be reckoned.*]

Sediments; amount, appearance (floeculent, woolly, with or without white powdery tops, dense, granular, glairy, viscid—creamy white, yellowish, pink, reddish, brickdust, sooty—red sand-like grains, gravel, caleuli). Blood-clots, size and shape.

Note if the sediments occur constantly or periodically.

Kyestein pellicle.

Gas passed with urine.

Chemical analysis.

Qualitative and quantitative, of a sample of total quantity passed in twenty-four hours. (When this cannot be obtained, that passed on rising should be taken.)

Urea. Uric acid. Hippuric acid.

Kreatin. Kreatinin. Xanthin.

Chlorides. Phosphates. Sulphates. Oxalates.

Pigments (urobilin, indican, uroerythrin, melanin).

Albumins (serum, egg, paraglobulin). Peptones. Fibrin.

Digestive ferments (pepsin, pancreatin, diastase).

Sugars (dextrose, inosite), aceto-acetic acid, acetone.

Bile (pigments, salts).

Blood (hæmoglobin, methæmoglobin, hæmatin).

Drugs, poisons.

Microscopical examination for.

Epithelial cells (urethral, vaginal, vesical).

Blood or pus-corpuscles. Spermatozoa.

Renal tube casts (large, medium, small—hyaline, granular, fatty, epithelial, blood—long slender often branched mucous casts, perhaps entangling spermatozoa).

Amorphous granules.

Crystals (colourless, brown, reddish-brown, yellowish—lozenge-, spindle-, rod-, comb-, or barrel-shaped, ovoid, acicular, dumbbells, octahedra, rhombic prisms, spicular spherules, spheroids with concentric or radiating lines, hexagonal plates, feathered stars—singly or aggregated into crosses, tufts, rosettes, stars, and spherical or irregular masses).

Fat granules and globules.

Organisms (echinococci, hydatid membrane, hooklets—ova and free embryos of *Bilharzia hæmatobia*—*filaria sanguinis*—*sarcinæ*, *torulæ*, *penicillium*, bacteria).

Fragments of morbid growths.

Extraneous substances (cotton or linen fibres, hairs, feathers, fragments of wood, starch granules, &c.).

Spectroscopic examination.

3. GENERATIVE SYSTEM.

MALE. Masturbation. Excessive or diminished aptitude. Impotence.

Seminal emissions; frequency of.

Present or previous gonorrhœa. Gleet.

Priapism. Chordæ.

Microscopic examination of discharges.

FEMALE. **Menstruation**; age of patient, also of mother and sisters at commencement of.

Frequency (28 days, 21 days, &c.), regularity and duration of period.

Discharge; amount of (normal, profuse, deficient, absent), colour of—clots, shreds of membrane.

Membranous cast of uterine cavity. Ovum.

Associated local or general disturbance—menstrual molimina.

Pain (before or during flow), seat of, characters (*vide* p. 12).

If altered from normal, record supposed cause (*e. g.* over-exercise, cold, emotion, &c.).

Menopause; age at.

Duration of, symptoms associated with (catamenia irregular in quantity or occurrence—other discharges—flushes—headaches, vertigo, neuralgia or other neuroses—pruritus vulvæ—obesity, &c.).

Discharges other than menstrual.

Nature of (mucous, watery, sanguineous, purulent), colour of, amount of, odour of (if fœtid), reaction (acid, alkaline), time, frequency, and duration of occurrence.

Pain connected with generative organs.

Characters of (for terms employed *vide* p. 12); seat of; duration of; effect of position, movement, micturition, defecation on.

Previous pregnancies; number of. **Miscarriages**; number of, period of pregnancy at which they occurred.

State of health during pregnancy.

Labours; characters of (natural, difficult, instrumental).

Maladies associated with (floodings, puerperal fever, insanity, "white leg").

If children were suckled and for how long.

Pudendum. Malformations of; (excess or deficiency.) Atrophy of. Inflammation. Abscess. Ulceration (for characters of, *vide* p. 16). Membranous exudations.

Eruptions (for characters of, *vide* p. 16). Pruritus vulvæ.

Tumours of; situation, size, shape (round, oval, irregular, well- or ill-defined, sessile, pedunculated), characters (hard, soft, tense, fluctuating, pointing, discharging, bleeding—smooth, nodular, fungating—painful, tender, insensitive—ulcerating).

Urethral caruncle.

Perineal lacerations.

Hymen; (imperforate, perforate—crescentic, annular—shape of perforation, biperforate, multiperforate—torn, portions wanting).

Carunculæ myrtiformes.

Objects protruding through; characters of.

Examination per vaginam [digital and by speculum].

Vagina; malformations of (atresia, septate).

Orifice; size of (narrow, wide and gaping).

Spasm. Tenderness; seat of. Heat of.

Sense of resistance of walls, and especially in posterior, anterior, and lateral fornices; (normal and depressible, resistant), situation of this resistance, characters (firm, hard, unyielding, soft, doughy, elastic, fluctuation—regular, irregular, nodular, well- or ill-defined, rounded—fixed, movable, painful, tender, insensitive). Bulging of walls.

Direction of walls.

Mucous membrane; condition and appearance of (normal, bright red, port wine or violet colour—smooth, rugose—dry or moist, discharges, eroded, ulcerated).

Tumours of (*vide supra*).

External os; size (normal, pin-hole, patulous), shape (circular, transverse, gaping), position (normal, displaced). Cicatrices in angles of.

Secretions from, if any; characters of as to quantity, tenacity, and colour.

Objects protruding through; characters of.

Cervix; size (normal, atrophied, hypertrophied, elongated), shape (normal, conical, thick, expanded), consistence (normal, soft, flaccid, hard, rigid), surface (smooth, rough, shotty), colour (as of vagina), position and direction, fixed or movable, tender, fissured, lacerated, cicatrices—lips everted, differences in size, consistency and sensibility of the lips, surface of lips (normal, nodular, with bleeding granulations, ulcerated, new growths).

Stenosis or occlusion of canal.

Tumours of (*vide supra*).

Note any material brought away on finger (mucus, blood, pus, offensive ichor).

Bimanual examination (abdomino-vaginal, abdomino-rectal, and recto-vaginal).

Uterus. Shape (normal, irregular), size, position, mobility of.
Pain or tenderness of.

Tumour of; position, dimensions, and characters of.
Malformation of.

Ovaries. Size and situation of. Tenderness of
Tumour of.

Examination with uterine sound.

Passage of instrument, easy or difficult, if accompanied by
bleeding or pain.

Uterine cavity. Length (increased, diminished) *to be recorded in inches*—direction of axis (anteflexed, retroflexed, anteverted, retroverted, lateroverted). Estimated capacity of cavity.
Alterations in shape of cavity.

Relative proportions of cervical and uterine cavities.

Irregularities of surface.

Mobility of uterus, note direction of abnormally restricted
movement.

Digital exploration of uterine cavity after dilatation of cervix.

Traction on cervix by volsella and examination per rectum.

Pregnancy. Signs of.

Suppression of catamenia. Morning sickness.

Changes in *mammæ* (increase in size of, enlargement of nipples, increased extent and deepened colour of areolæ, secondary areolæ, prominence of follicles, moisture of surface, secretion of milk).

Cutaneous glands of *axillæ*; enlargement of, secretion from.

Abdominal tumour; limits and characters of.

Increased pigmentation of skin, especially of abdomen and
face.

Lividity and discolouration of vagina.

Position and condition of os and cervix.

Fœtal movements.

Placental bruit; seat of. Sounds of fœtal heart; seat of.

Puerperal state.

Lochia; characters of (abundant, scanty—colour—odour, normal, fetid).

Duration of discharge.

Suckling. Milk scanty or abundant.

Frequency of application of infant to breast.

Time of weaning.

C. CEREBRO-SPINAL REGIONS.

Cranium; measurements of [*by tape and cyrtometer tracings*].

- (α) From root of nose to deepest part of nape of neck below occipital protuberance. (β) Vertex—from external auditory meatus of one side to opposite. (γ) Circumference—including eyebrows and occipital protuberance. (δ) Base line—*i. e.* line joining extremities of (α). (ϵ) Ratio of δ to greatest antero-posterior measurement of cranium.

Shape (dolichocephalic, brachycephalic, cyclocephalic).

Local flattenings, depressions, or eminences, symmetrical or asymmetrical.

Cranio-facial angle.

Alveolar arch; shape of (vertical, rounded—oblique, produced).

Face; shape of (prognathous, orthognathous).

Mental prominence; degree of projection or recession of.

Tumours of; osseous—of scalp.

Number—situation—sessile or pedunculated—shape (globular, ovoid, irregular)—movable, fixed—consistence (hard, firm, soft, elastic, fluctuating, crackling, translucent, increased tension during crying or coughing)—surface (smooth, irregular, nodular, painful, tender, painless)—pulsating—erectile—if perforating skull—effect of pressure on (none, disappearance partial or complete, production of cerebral symptoms), murmurs audible over.

Condition of integuments over tumour as to adherence, colour, thickness, œdema, ulceration.

Ascertain duration of existence and rate of growth of tumour.

Wounds of. Discharges from ear.

Integuments of scalp, œdema, eruptions (for characters *vide* p. 16), ulcers (for characters *vide* p. 16).

Pain; situation and characters of (for terms employed *vide* p. 12

Tenderness; seat of.

Temperature of cerebral regions.

Throbbing of carotid and temporal arteries.

Auscultation over cranium; cephalic bruit; position of.

Spine; seat of any tenderness, on gentle and forcible percussion along, or in walking or jumping; rigidity of on movement.

Pain or burning sensation on applying ice or hot sponge to spine.

Tumours of (for characters of see cranial tumours).

NEURO-MUSCULAR SYSTEM.

The normal temperament, disposition, manner, character, habits, tastes, degree of intelligence, articulation, &c., and also any habitual defects or peculiarities in motor or sensory power must be first ascertained and recorded.

1. MENTAL STATE.

Consciousness; impaired (dreamy, dazed), complete loss of (stupor, narcosis, coma), ability to be roused with immediate relapse into partial or complete unconsciousness, exaltation of or mental excitement, perversion of (incoherent rambling—delusions fixed or transient—illusions—hallucinations—delirium, wandering, low, muttering, violent, wild, raving, persistent, transient, only nocturnal, accompanied with picking at bed-clothes or getting out of bed, possibility of interruption by questioning with coherent and rational reply thereto).

Fit of unconsciousness; onset (sudden, gradual), how occupied at onset, degree of (absolute, partial, can or cannot be roused), occurrence and character of aura, associated symptoms (pallor, lividity or flushing of face—tonic or clonic spasm of face, trunk, or limbs, cry, biting of tongue, rotation of head, conjugate deviation of eyes, nystagmus, condition of pupils [*vide* p. 51], degree of sensibility of conjunctiva), symptoms on and after recovery of consciousness (crying, laughing, screaming—paralysis—spasm).

Ecstasy. Coma-vigil. Catalepsy. Trance.

Disposition and conduct (calm, placid, depressed, melancholic, hypochondriacal, apathetic, anxious, irritable, fretful, peevish, reserved, hopeful, unusually gay, excited, irascible, violent, morose, suspicious, indifferent, emotional, easily moved to crying or laughter—manner altered, unusual, strange, odd, eccentric, voluble, refusal of food or to go to bed or to get up, soliloquism, inclination to exaggeration, lying, thieving, arson, dirty habits, &c.).

Memory; unusually good, generally or for special subjects—defective, all degrees of, generally or for special subjects, to total loss of—specially impaired in respect to recent circumstances—errors of memory.

Intelligence; exalted ("quick for age," precocious, exceptionally clever), defective (slow, dull, blunted, stupid, idiotic, demented), perverted (of unsound mind, mad, insane, delusions, exaltation of ideas).

Record any mental characteristic, or marked intellectual or artistic capacity.

Sleep; amount of—state the habitual amount, time, and characters of—deficient (all degrees of to complete insomnia—broken, disturbed, constant waking during, waking after a short sleep with subsequent insomnia), excessive (prolonged, drowsy, somnolent). Soundness of (light, heavy, deep, profound). Snoring. Nightmare.

Going to sleep; quickly and easily, only after some time.

Time of sleep. Proneness to during day, after meals.

Feeling of want of sleep. Tired or refreshed after.

Dreaming; state normal habit of and contrast with present condition. Character of dreams (pleasant, terrifying, frequently repeated).

Somnambulism; **somniloquy**; **night terrors**; frequency of occurrence—relation of occurrence to previous meal, occupation, excitement, emotion—condition of pulse, respiration, temperature and pupil during.

2. MOTILITY.

A. Of central origin (voluntary, involuntary, automatic). B. Of reflex origin.

DEFICIENT :

Degree of (partial or paresis, complete or paralysis).

Note degree of resistance offered by patient to forcible flexion and extension exerted by examiner.

Distribution of; (α) General. (β) Local (hemiplegia, alternate hemiplegia or crossed paralysis—paraplegia—monoplegia, brachial or crural, brachio-facial—disseminated paralysis—

Of special nerves, unilateral or bilateral:

Cranial—III. Ptosis, defective movements of eyeball, divergent strabismus, paralysis of sphincter pupillæ, loss of power of accommodation—

IV. Defective rotation of eyeball downwards and outwards—

V. Impaired power of mastication, defective movement of lower jaw to and fro, laterally, and on shutting mouth—

VI. Convergent strabismus—

VII. Facial paralysis as shown by altered expression of face, difference in degree of wrinkling or smoothness of integuments, level of eyebrows, width of aperture between eyelids and of nares on the two sides, course of the tears, position of angles of mouth, accumulation of food outside gums; and on attempts at tightly closing eyes, laughing, frowning, whistling, and puffing of cheeks—

IX. Glosso-pharyngeal paralysis, as shown by dysphagia—

X and XI. Paralysis of pharynx, of soft palate and of abductors and adductors of the vocal cords, as shown by dysphagia, regurgitation of swallowed fluid through nose, and defective movement of soft palate and vocal cords in phonation—

XII. Glossoplegia or paralysis of tongue shown by lateral deviation of tongue in the mouth and when protruded, differences in shape and bulk of the two sides—

XI. [Spinal part.] Paralysis of trapezius and sternomastoid, as shown by unnatural positions assumed by scapula, diminished rotatory power of head—

Labio-glosso-laryngeal paralysis.

Cervical sympathetic—contraction of pupil, slight ptosis.

Of special organs; bladder, rectum).

Of reflexes ; i, superficial or cutaneous (viz. plantar, gluteal, cremasteric, abdominal, epigastric, scapular, conjunctival, iritic);
 ii, of deep reflexes (patellar tendon or knee-jerk, wrist and elbow jerk).

Absence of ankle-clonus.

Of Vaso-motor system ; flushing, elevated temperature, hyperæsthesia of affected region.

Method of onset (gradual, sudden, "a stroke," with or without loss of consciousness, partial or complete).

Course and progress (transient, intermittent, persistent, progressive), direction of extension, recovery (slow or rapid).

Condition of paralysed region ; temperature ; condition of circulation in ; painful or tender ; degree and rate of wasting, if any, *as measured by tape* ; swollen, œdematous ; perspiration (excessive, absent) ; state of sensibility (*vide* p. 47) ; growth of nails ; condition of muscles (normal, wasted, hypertrophied, flaccid, rigid—time of onset of rigidity in relation to occurrence of paralysis, early, late, temporary, permanent, following flaccidity, contractures of sudden onset), microscopic examination of a portion of excised muscle ; condition of skin, eruptions, bedsores ; dribbling of saliva.

Position of arms when patient stoops (falling forwards, retained at the side).

Registration of power of hand-grasp, strength of pull, and power of lifting, by dynamometer.

Condition of retina (*vide* p. 18).

EXCESSIVE.

Character of; clonic spasm (tremors, coarse or fine, shakings, rigors, twitchings, carphology, subsultus tendinum, jactitation, choreic movements, convulsions or eclampsia, "nodding convulsions").

Ankle-clonus.

Tonic spasm (cramps, convulsions, tetanus—emprosthotonos, opisthotonos, pleurosthotonos).

Athetosis.

Distribution of; (α) General. (β) Local (unilateral, bilateral—of trunk, limb or segment of limb—carpo-pedal, &c.—

Of special nerves, unilateral or bilateral:

Cranial—III. Lagophthalmos, convergent strabismus, oscillatory nystagmus, contracted pupil—

IV. Rotatory nystagmus—

V. Trismus, grinding of teeth, biting tongue—

VI. Divergent strabismus—

VII. Facial spasm, blepharospasm, nictitation—

IX, X, XI. Glosso-pharyngeal spasm—

X, XI. Spasm of adductors of vocal cords—

XI. Wry-neck—

XII. Spasm of tongue—

Phrenic nerve. Hiccup; occasional, continuous, during sleep.

Cervical sympathetic—Dilatation of pupil, slight lagophthalmos, prominence of eyeball, and feeling of tension in—Scanty secretion of tears.

Of special organs; glottis, pharynx, œsophagus, stomach, intestines, rectum, bladder, urethra, vagina).

Exaltation of reflexes; superficial and deep.

Vaso-motor spasms; pallor, lowered temperature, anæsthesia, diminished perspiration of affected region.

Method of onset (gradual, sudden—with or without loss of consciousness—in reference to known causes, as fright, movements, being touched, attempts at swallowing, &c.).

Course and progress (persistent, paroxysmal, rhythmical, occasional—occur or not during sleep—painful, painless—how far under control of will—effect of attention, or excitement).

PERVERTED.

Diminished or lost power of co-ordination; ataxia, distribution of.

Electrical examination, *by induced or faradic current and continuous or galvanic current.*

Methods of application (direct, indirect, polar).

<i>Faradism</i>	}	i, to the nerve-trunks; ii, to the motor points; iii, to the muscles.
<i>and</i>		
<i>Galvanism</i>		

First ascertain, by means of galvanometer, the electrical resistance of the tissues of the affected region as compared to the corresponding healthy part.

Ascertain, when possible, reaction of the healthy nerve and muscle corresponding to the affected ones, and the least intensity of current sufficient to produce contraction. This to be taken as the standard to which the condition of the affected nerves and muscles is to be referred.

Note amount of contraction (normal, greater, or less than normal to complete absence), character of contraction (quick, short, sluggish, prolonged, complete, incomplete).

With currents of different strengths, and varying rates of interruption.

On opening and closing and at the different poles of the galvanic current.

Degree of sensibility of patient to current (normal, increased, diminished).

“Reaction of degeneration.”

SPECIAL ACTS.

Standing (erect, stooping, more on one leg than the other).

Effect of shutting eyes (unsteadiness, would fall).

Power of balancing the body.

Mode of rising from lying or sitting to erect posture.

Walking (normal, trailing, with increased action of one leg at hip-joint, limb swung round in an arc, shuffling, erratic, limping, waddling, unsteady, staggering, reeling, serpentine, "festination," walking on toes or heel, ability to walk a given line, or with eyes shut, undue force in movements of feet and legs, stamping, trembling of limb when foot touches the ground).

Sensations accompanying; pain (seat and character of), feeling of numbness in feet or as if walking on wool.

Vocalisation; voice; power of (normal, exaggerated, diminished, complete absence), pitch of (normal, raised, lowered, falsetto, cracked), diplophonia, quality of (hoarse, husky, ringing, hollow, nasal, whispering).

Articulation; speech; defective (indistinct, thick—imperfect pronunciation of labials, sibilants, gutturals).

Imperfect co-ordination (stammering, stuttering, clipping of words).

Aphemia.

Aphasia.

Amnesia.

Speechlessness; attacks of, frequency, duration, reference to fright, delusions, &c.

Speech limited to one or more words or sentences, frequently repeated.

Dumbness.

Writing; inability to form certain words or sentences, either spontaneously or by copy, or from dictation.

Writers' cramp.

3. SENSATION.

COMMON SENSIBILITY OR TOUCH [compounded of sense of—i, contact; ii, pain; iii, temperature; iv, muscular sense or kinaesthesia, and pressure sense].

When possible the affected region is to be compared in respect to the following points with the corresponding normal one.

Tactile sense; diminished or anaesthesia, numbness, absolute loss—exalted or hyperaesthesia, increased delicacy of touch—retarded.

To be tested by touching with feather or finger; or by Faradic current; or by compasses or aesthesiometer, both points being applied simultaneously, and always in same relative directions and with same degree of pressure, to ascertain minimum distance at which the two points are perceived as distinct, and compared with Weber's table of condition in health; and also by recognition of the degree of roughness or smoothness of different textures.

Sensibility to painful impressions; diminished or analgesia—exalted or hyperalgesia—retarded.

As tested by pricking with pin or pinching, or tickling.

Tenderness; degree of as judged by amount of pressure required to induce it and on attention of patient being diverted, associated or not with pain.

Pain (for characters *vide* p. 12).

Sensibility to heat or cold; diminished—exalted—retarded.

As tested by application of hot or cold substances, i. e. ice, a heated spoon, &c.

Muscular sense and Pressure sense; diminished—exalted—retarded.

As tested by lifting concealed weights, and by baræsthesiometer.

Perversions of tactile sensibility or paræsthesia.

One or more factors of touch in abeyance, the others persistent in varying degrees.

Heat felt as cold, or vice versâ, or either as pain.

Pinches or pricks felt as contact only and not painful.

Tingling, itching, stinging, formication, feelings of chilliness or burning, or of flushing or of trickling of cold water, rush of blood to the head, "pins and needles," goose flesh.

Aura (motor sensations—sensory, tactile, visual, auditory, gustatory, olfactory, visceral—psychical).

Note in respect to above :

Distribution (general, local, limited to distribution of special nerve, unilateral, *e.g.* hemianæsthesia,—exact area to be recorded).

Mode of onset (sudden, gradual, symptoms accompanying).

Course and progress (continuous, intermitting)—**duration**.

Special subjective perversions of sensation.

Vertigo, giddiness, dizziness, swimming in the head.

Apparent oscillation of surrounding objects vertically or horizontally.

Globus hystericus.

SPECIAL SENSIBILITY. Affections of, unilateral or bilateral.

Smell; exaltation of, or hyperosmia—defect of, or anosmia—perversion of, or parosmia, *i.e.* odorous substances causing other than their proper odour.

Tested by application to each nostril of various odoriferous or aromatic (but not acrid or pungent) substances, the other nostril and mouth being closed.

Subjective sensations of.

Note condition of olfactory mucous membrane *as seen by speculum* (dry, swollen, absence of pigment, ulcerated,—ozæna); inability to sniff.

Taste; exaltation of, gustatory hyperæsthesia or hypergeusia—ageusia, *i.e.* diminution or loss of perception of bitter, sweet, acid, salt tastes—perversion of, or parageusia, *i.e.* sapid substances causing other than their proper taste.

Tested by application to various parts of tongue of odourless solutions of salt, sugar, quinine, citric acid, &c., mechanical stimuli, or constant current.

Subjective sensations of.

Note condition of tongue (as regards smoothness, dryness, state of papillæ, any wasting, &c.).

Hearing; exaltation of with pain, or auditory hyper-æsthesia—defect of, all degrees to complete deafness, inability to perceive certain sounds or notes—hearing improved in a noise.

Tested by watch held at stated distances from each ear, and tuning-fork applied to vertex, forehead, and front teeth.

Range of auditory perception.

Audibility of shrill notes; degree of.

Tested by Galton's whistle.

Subjective sensations, tinnitus aurium, noises in the ears (whiffing, buzzing, clicking, thumping, &c.—effect of posture, exercise, eating, &c.). Vertigo with defect of hearing.

Illusions and hallucinations of hearing.

Bruit audible over cranium.

Examination by otoscope, or speculum.

Meatus auditorius externus; accumulations of wax, foreign bodies in—condition (narrowed, swollen, inflamed, discharging—discharge offensive, odourless, purulent, sanious, sanguineous—boils, ulcers).

New growths, position, size characters (sessile, pedunculated, hard, soft).

Membrana tympani; colour and transparency (normal, pearl grey, white, yellowish brown, bright red or livid uniformly or localised, ecchymosed—lustrous, translucent, dull, lustreless, opaque—position and appearance of opacities), inclination and curvature, exudations (purulent, hæmorrhagic), perforations, cicatrices.

Eustachian tube; patency of, *as tested by Valsalva's method, Politzer's bag or catheter.*

Sight.

Visual field, *examined and recorded by perimeter.*

Limits of; for form and colours.

Blind spots or scotomata for form and colours; situation of.

Field of fixation; limits of, *measured by perimeter* (centric or direct, excentric or indirect).

Visual acuteness, *tested by test types*.

Exaggerated.

Defective.

Obscurity or dimness of sight. Blindness.

Affecting entire visual field—amblyopia, amaurosis.

Affecting a part of the visual field—hemiopia or hemianopsia (temporal, nasal).

Impaired perception of light.

Nyctalopia, hemeralopia, snow-blindness.

Impaired perception of colour, dyschromatopsia, achromatopsia, *tested by Holmgren's wools*.

Impaired perception of form, position, and size.

Diplopia (direct or homonymous, crossed—upwards, downwards), *ascertained by red glass and candle flame*.

Micropsia, megalopsia, metamorphopsia.

Errors of refraction and accommodation.

The eyes to be separately tested by trial lenses and ophthalmoscope.

Myopia. Hypermetropia.

Astigmatism (simple, compound, mixed).

Presbyopia.

Paralysis—spasm of accommodation.

Symptoms associated with defects of vision.

Photophobia.

Asthenopia (sense of fatigue or pain in eye, watering of eyes), period of occurrence in reference to occupation.

Headache (vertex, frontal).

Subjective sensations of vision.

Luminous and chromatic (sparks, flashings, coloured rings).

Muscae volitantes.

Illusions and hallucinations of sight.

Defective movements of eyeball.

Squinting (convergent, divergent, upwards, downwards—alternating—concomitant, paralytic).

More marked in near or distant vision.

Degree of; *measured by strabismometer*.

Conjunctiva ; appearance (normal, swollen, injected, uniformly red or livid, vessels temporarily emptied by pressure, hæmorrhage beneath—granular, pustular), discharge from (normal, mucous, muco-purulent, purulent, hæmorrhagic—membranous exudations on).

Cornea ; shape of (normal, flattened, bulging uniformly or partially, conical), appearance (normal, cloudy, injected, ulcerated—size, shape, and depth of ulcer—sloughing), situation of opacity (superficial, interstitial).

Pus between corneal layers or in anterior chamber.

Perforation.

Sclerotic ; appearance of (normal, injected).

Iris ; appearance of (normal, dulness of surface, alteration in colour, exudations of lymph), deficiency of (partial, total).

Adhesions to lens or cornea.

Pupil ; size and shape of (contracted, dilated, unequal, irregular);
measured by pupillometer.

Reaction ; to light, singly or with other eye—to accommodation (normal, sluggish, immovable—to accommodation and not to light).

Crystalline lens ; colour of (normal, grey, yellow), opacities diffused cloudiness, striæ—cortical, peripheral, central—lamellar, nuclear).

SPECIAL POINTS IN THE EXAMINATION OF INFANTS AND CHILDREN.

Health of mother during pregnancy, especially as regards her general nutrition, occurrence of definite illness, accidents, or fright. Previous miscarriages and period of, if any.

Number and ages of other children.

Age.

Circumstances of birth; if at full term, instrumental delivery.

Condition at birth. Congenital malformations. Mother's marks.

How fed. Suckled. Age at weaning.

Hand fed (complete or partial). Nature and quantity of food.

Previous illnesses; nature of, date of occurrence and duration.

Attacks of ill-defined malaise with no special symptoms noticed.

Present illness. Exact date and symptoms of commencement.

Course and treatment of, previous to coming under observation.

It is preferable that all clothing should be removed.

General condition as regards plumpness or emaciation.

Weight. Height. Strong, delicate—if so since birth or since any illness.

Temperature. Pulse. Respiration.

Dentition. Number of teeth. Times of their cutting and shedding of milk set. Dribbling of saliva.

Examination of mouth, fauces, and gums.

Skin; appearance of. Eruptions; character and seat (*vide* p. 16).

N.B.—Especially look to anus, palms, and soles.

Discharges from orifices. Snuffles.

Expression and manner (normal, placid, calm, pained, restless, fretful, irritable).

Features contracted, countenance wrinkled and shrunken, mouth drawn, nostrils dilated or pinched.

Cry, character of (loud, prolonged, continuous for hours, violent and paroxysmal screaming, short, sharp, fretting, grizzling, wailing, moaning).

Circumstance causing (movement, being touched, coughing, at or before stool, or starting from sleep, hunger).

With or without flow of tears.

State of intelligence.

Sleep; amount and time of, character of (calm, peaceful, disturbed, fitful, startings, facial contortions or grinding of teeth during, frequent tossing and turning, will not sleep except in nurse's arms, kicking clothes off during, perspiration, especially about head, during, screamings). Night terrors. Somnambulism.

General tenderness of surface; cannot be touched or lifted without crying.

Position of child in bed or when nursed.

Movements of child.

Age at which walking or talking commenced.

Disinclination to move or play.

Extreme restlessness, fidgetiness.

Peculiar gestures, and movements of trunk, head, or limbs.

Paralysis. Spasm (*vide* p. 42—45).

Cranium; measurements of (*vide* p. 39).

Shape of (normal, rickety, hydrocephalic).

Fontanelles; size, shape, condition of (bulging, depressed, tense, fluctuating, pulsating—relation of pulsation to cardiac and respiratory movements).

Murmur audible over; characters of.

Sutures; condition of (open, width of, bulging, fluctuating—united, situated in furrows).

Bones; condition of (normal, very thin, yielding, soft spots—craniotabes—edges outside sutures much thickened); rounded swellings of bone, situation and size of.

Abdomen; size, shape, feel, and sensitiveness of.

Position and condition of viscera and tumours (*vide* p. 28).

Bowels; frequency of action. Stools; characters of (*vide* p. 32). Worms.

Vomiting; frequency and character of (*vide* p. 32).

Mode of sucking, drinking and swallowing (easy, continuous, with difficulty, in jerks, interrupted, causing cough or dyspnoea).

Examination of chest.

DIAGNOSIS. The primary disease. Complications and sequelæ.

PROGNOSIS favorable or unfavorable as to immediate or ultimate recovery.

TREATMENT. **Dietetic**; nature and quantity of food per diem, and time of administration.

Alcoholic stimulants (beer, wine, spirits), quantity of.

Medicinal. Prescriptions to be recorded.

Exercise; character and amount of.

Massage, gymnastics.

Baths (cold, tepid, warm, hot—alkaline, acid—ice-water, bran, sand, mud—vapour, steam, hot-air, mercurial, sulphur, ozone).

Electrical applications.

PROGRESS. To be recorded with a frequency determined by the nature of the case.

Changes in the signs and symptoms already recorded as constituting the present state.

Onset of fresh symptoms, alterations in diet or medicine, to be recorded with dates.

RESULT. Cured, relieved (condition to be recorded), unrelieved, died.

Date of discharge or death.

Mode of death and symptoms attending.

Temperature of body immediately and an hour after death.

Time of onset of rigor mortis.

PRINTED BY
ADLARD AND SON, BARTHOLOMEW CLOSE.
